

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1933

State File No. \_\_\_\_\_

FILED FEB 2 1942

Registration District No. 148

Primary Registration District No. 4082

Registrar's No. 12

1. PLACE OF DEATH:

- (a) County Cass  
(b) City or town Belton, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 27 years  
years, months or days)

3. (a) PRINT FULL NAME GREENUP BERRY DOOSON

3. (b) If veteran, name war. \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Dodson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 27 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jackson Co Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Ret Farmer

11. Industry or business Farmer

12. Name Berry P. Dodson

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Matney

15. Birthplace Jackson Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. B. Dodson

(b) Address Belton Mo.

17. (a) Burial (b) Date thereof Jan 29 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belton Cemetery

18. (a) Signature of funeral director E. R. Gentry

(b) Address Belton Mo.

19. (a) Jan. 23/42 (b) Margaret Talle  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Cass  
(c) City or town Belton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1942 hour 2 minute 0 a.m.

21. I hereby certify that I attended the deceased from Mar 10 1939 to Jan 19 1942; that I last saw him alive on Jan 19 1942 and that death occurred on the date and hour stated above.

Immediate cause of death myelitis  
Chronic Polio Myelitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature R M Miller (M. D. or other) \_\_\_\_\_

Address Belton Mo. Date signed 1-19-42

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed \_\_\_\_\_

*A. K. George*  
\_\_\_\_\_  
Licensed Embalmer No. *3645*

P. O. Address *Grandview, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**